

GREENWOOD COMMUNITY CENTER

Greenwood Parks & Recreation Department

MEMBERSHIP INFORMATION

Proof of residency must be provided when signing up for membership. Please bring a current utility bill.

Date of Membership Application _____ Proof of residency: _____

Name _____ Check # _____ Cash _____

Address _____ Amount/Trans.# _____ / _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Date of Birth _____

FAMILY MEMBERSHIP INFORMATION – in same household

The family membership fee includes up to five passes (A parent and four school-age children, or two parents and three children). There is an additional fee of \$15 for each additional family member.

For Office Use Only

NAME	AGE	D.O.B	AMT.	R#
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				

EMERGENCY CONTACT INFORMATION

Emergency Contact _____ Phone _____

Is there any special health information you would like to disclose about any member of your family?

Notes:

Greenwood Community Center

INFORMED CONSENT AGREEMENT

WARNING: THE CITY OF GREENWOOD IS NOT RESPONSIBLE FOR ANY PERSONAL INJURY OR LOSS TO ANY PERSON OR PROPERTY, SUFFERED WHILE PLAYING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN COMMUNITY CENTER ACTIVITIES FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE CITY OF GREENWOOD, THE GREENWOOD COMMUNITY CENTER, THEIR AGENTS, VOLUNTEERS, INDEPENDENT CONTRACTORS OR EMPLOYEES.

In consideration of being allowed to use some or all of the activities, facilities, programs, and services offered at the Greenwood Community Center, I/WE, on behalf of myself, my spouse and/or my/our child/children understand and agree that each person (myself and my individual family members included), has a different capacity for participating in such activities, facilities, programs, and services. I/WE are aware that all activities, facilities, programs, and services offered are educational, recreational, or self-directed in nature. I/WE understand that participation in all sports and physical activities involves certain inherent dangers and risks, and that it is impossible to ensure the safety of those who choose to participate in these sports and physical activities.

I/WE agree and understand that part of the risk involved in undertaking any activity or program is relative to each person's own state of fitness or health (physical, mental or emotional). I/WE acknowledge that my/our choice to participate and/or have my individual family members, including my/our children, participate in any activity, service, or program of the Greenwood Community Center brings with it my/our assumption of those risks or results stemming from this choice.

I/WE further understand that the activities, programs, and services offered at the Greenwood Community Center are sometimes conducted by personnel who may not be licensed, certified, or registered instructors or professionals. I/WE accept the fact the skills and competencies of some employees, agents, volunteers and/or independent contractors will vary according to their training and experience and that no claim is made to offer assessment or treatment of any mental or physical disease or condition by those who are not duly licensed, certified, or registered and herein employed to provide such professional services.

I/WE recognize that by participating in the activities, facilities, programs, and services offered at the Greenwood Community Center, I/WE and/or any of my/our family members, including my/our children, may experience potential health risks such as transient lightheadedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, and nausea; minor injuries such as scrapes, bruises, strains and sprains; more serious injuries such as broken bones, cuts, concussions, and eye injuries (including loss of vision); and catastrophic injuries such as heart attacks, paralysis, dismemberment and death; and that I/WE assume willfully those risks. I/WE acknowledge my/our obligation to immediately inform the nearest employee of any pain, discomfort, fatigue, or any other

symptoms that I/WE may suffer during and immediately after my/our participation. I/WE understand that I/WE may stop or delay my/our participation in any activity or procedure if I/WE so desire and that I/WE may also be requested to stop and rest by any person who observes any symptoms of distress or abnormal response.

I/WE agree to follow all posted safety rules. Further, I/WE agree to report any unsafe practices, conditions, or equipment to the management. I/WE understand that I/WE may ask any questions or request further explanation or information about the activities, facilities, programs, and services offered by the Greenwood Community Center at any time before, during, or after my/our participation. I/WE further understand that in the event of a medical emergency, staff will call EMS to render assistance and that I/WE will be financially responsible for any expenses involved.

I/WE affirm that I/WE am/are at least Eighteen (18) years of age, and am/are freely signing this agreement.

I/WE have read this Agreement and fully understand that by signing this Agreement, I/WE am/are giving up legal rights and/or remedies which may be available to me/us for the ordinary negligence of the Greenwood Community Center or any of the parties listed above.

Signature of Participant/Member

Date

Printed Name

Signature of Participant/Member

Date

Printed Name

Signature of Parent if Participant(s) is/are less than
Eighteen (18) years of age

Date

Printed Name

Relationship to Minor Participant

Signature of Parent if Participant(s) is/are less than
Eighteen (18) years of age

Date

Printed Name

Relationship to Minor Participant

WAIVER, INDEMNIFICATION AND RELEASE OF LIABILITY

In consideration of being permitted to participate in activities at the Greenwood Community Center, I _____ (Print name of Adult Participant or parent or guardian of Minor Participant) on behalf of myself, my spouse and/or my/our child/children, forever DISCHARGE the Department of Parks and Recreation and the City of Greenwood, Indiana, and their respective agents, officers and employees, from any and all claims for relief, demands, losses, damages, liabilities, fines, charges, penalties, administrative and judicial proceedings and orders, judgments and all costs and expenses of any kind whatsoever, incurred therewith, including reasonable attorney's fees and costs of defense against the Greenwood Department of Parks and Recreation, the City of Greenwood and/or their respective agents, officers and employees for any and all injury, illness, damage or loss to property or person, sustained directly or proximately caused by, or which may exist or which may hereafter arise, from my/our participation in any and/all activities at the Greenwood Community Center.

I/WE do further agree to protect the said Greenwood Department of Parks and Recreation and/or the City of Greenwood and their respective agents, officers and employees, from any damages incurred by way of any claim, demand or judgment. I/WE hereby release, hold harmless, promise not to sue and waive any claim against the Greenwood Department of Parks and Recreation, the City of Greenwood, and their respective agents, officers and employees for any and all injury or loss sustained to myself, my spouse and/or my child's person, or my/our personal property due to any negligence by the Greenwood Department of Parks and Recreation and/or the City of Greenwood and their respective agents, officers and employees while I/We are participating in any Community Center activity or program, or for any negligence of the above named parties in maintaining the premises at which such activity is conducted.

I further state that there is no medical reason why I, my spouse or my child cannot or should not participate in activities or programs at the Greenwood Community Center. I further acknowledge that I have read the foregoing, understand its terms and meaning, and have made diligent inquiry concerning any questions about this document that I may have had.

I hereby expressly agree that this Waiver and Release of Liability is intended to be as broad and inclusive as permitted by the laws of the State of Indiana and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I affirm under penalties of perjury that I am at least eighteen (18) years of age or older, and that I have executed the above and foregoing Waiver and Release from Liability on behalf of myself and/or my child/children and that such is true and correct to the best of my knowledge and belief, this _____ day of _____, year _____.

Printed Full Name of Each Member/ Participant in Family

X _____
Signature of Adult Participant

Printed Name of Adult Participant

X _____
Signature of Adult Participant

Printed Name of Adult Participant

Signature of Parent if Participant(s) is/are less than
Eighteen (18) years of age

Date

Printed Name

Relationship to Minor Participant

Signature of Parent if Participant(s) is/are less than
Eighteen (18) years of age

Date

Printed Name

Relationship to Minor Participant